of the last child had been more severe, while there was distinct "falling of the womb" and occasional frequency of micturition. The protrusion from the vulva was first noticed about three weeks after the birth of the last child and since then had been noticed whenever the patient had been on her feet for any time, and also after straining at stool; there was, however, no difficulty in replacement of the parts.

The respiratory, circulatory and nervous systems were found normal, the urine normal, except for a few epithelial and pus cells. (There was a moderate degree of leucorrhœa.) There was some pigmentation of the navel and also of the mid-line from three inches above the navel to the pubes, while the superficial veins over the chest and abdomen were quite visible.

The abdomen was large, somewhat distended and *fluctuating*. On percussion a clear note was elicited in the right lumbar and epigastric region, in the left lumbar region the percussion note was dull, both when the patient was lying on her back and when she was on her right side. The perineum was partially torn and extensively relaxed, and there was descent of both vaginal walls. The pudenda were in parts dusky in colour. Upon bimanual examination the cervix was found soft, but the vaginal roof was depressed by a firm rounded smooth lobular tumour which was movable. This tumour depressed the uterus to the floor of the pelvis where it was quite movable independently of the tumour. The cervix and os appeared quite healthy. A guarded diagnosis was made of fibromatous growth in the pelvis with some accumulation of fluid of uncertain origin in the abdomen.

Upon January 17th, abdominal section was performed, an incision being made from the pubes to three or four inches above the navel. Upon opening the abdomen there was complete absence of parietal adhesions and it at once became apparent that there were two tumours, the larger one—abdominal in position—giving a sensation as of fluctuation the smaller—pelvic in position—much firmer. Both were obviously subperitoneal as shown by the membrane which covered them, with its network of vessels, and by the fact that the descending colon passed over both in a perpendicular direction. This relationship was especially well marked over the larger abdominal tumour and by the growth the colon was pushed over so as to lie to the right of the mid-line.

These tumours were removed by incision through the peritoneum to the outer and left side. After this incision enucleation proceeded with relatively little difficulty and very little hæmorrhage, the larger tumour being the first to be removed. This lay well over to the left side having completely displaced the intestines to the right and having separated the layers of the descending meso-colon. Upon inspecting